

# Selective Service System Discrimination/Harassment/Retaliation Complaint Form

[WWW.SSS.GOV/EEO](http://WWW.SSS.GOV/EEO)

To file a complaint, complete and return to SSS EEO Office (R-524), 1515 Wilson Blvd., Arlington, VA 22209. For more information, call (703) 605-4022.

Name: \_\_\_\_\_ Social Security number: XXX-XX-\_\_\_\_\_  
Street address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Date of birth (if age discrimination): \_\_\_\_\_  
Home telephone number: \_\_\_\_\_ Office telephone number: \_\_\_\_\_  
Work location: \_\_\_\_\_

Nature of discrimination/harassment/Retaliation:

<input type="checkbox"/> Age	<input type="checkbox"/> National origin	<input type="checkbox"/> Sexual harassment
<input type="checkbox"/> Color	<input type="checkbox"/> Political affiliation	<input type="checkbox"/> Sexual orientation
<input type="checkbox"/> Disability	<input type="checkbox"/> Race	<input type="checkbox"/> Gender
<input type="checkbox"/> National origin		

Date of alleged discrimination: \_\_\_\_\_

SSS Department/individual whom you believe has discriminated against you: \_\_\_\_\_

May we contact department/individual? ☐ Yes ☐ No

Describe alleged incident (use additional sheets if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remedy requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information provided above is true and correct to the best of my knowledge.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

The EEO Office will contact you within 10 days from receipt of this form.

Selective Service System • Office of Equal Employment Opportunity/Affirmative Action Services  
1515 Wilson Blvd. • Arlington, VA 22209 • (703) 605-4022 • Fax (703) 605-4133

The Selective Service System is an equal opportunity, affirmative action employer providing employment without regard to age, race, color, national origin, gender, religion, sexual orientation, veteran's status, political affiliation or disability,